

1FD 2875/8
P A T E N T
DON01 P-962



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art : 2875
Examiner : Ismael Negron
Confirm. No. : 5792
Applicants : Niall R. Lynam and John O. Lindahl
Serial No. : 10/054,633
Filing Date : January 22, 2002
For : VEHICLE INTERIOR LED LIGHTING SYSTEM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir or Madam:

CERTIFICATE OF MAILING

I hereby certify that the attached return postal card, Claims as Amended Form (1 page, in duplicate), Petition and Fee for Extension of Time Form (1 page, in duplicate), Extension Fee of \$450 (check), Response (11 pages), Substitute Specification With Markings (103 pages), and Substitute Specification Without Markings (103 pages) are being deposited with the United States Postal Service as first class mail in an envelope addressed to:

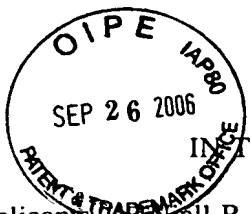
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on September 22, 2006.

Mary L. Norden

Mary L. Norden
Van Dyke, Gardner, Linn & Burkhart, LLP
2851 Charlevoix Drive, S.E., Suite 207
P.O. Box 888695
Grand Rapids, Michigan 49588-8695
(616) 975-5500

TAF:mln



PATENT
Don01 P-962

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Mall R. Lynam and John O. Lindahl
 Serial No. : 10/054,633
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 For : VEHICLE INTERIOR LED LIGHTING SYSTEM

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.
 The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2		Col. 3	Small Entity		Other Than Small Entity
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 39		** 250	= 0	x \$25	\$.00	x \$50	\$.00
Independent Claims	* 1	Minus	*** 4	= 0	x \$100	\$.00	x \$200	\$.00
First Presentation of Multiple Dependent Claims					\$180	\$.00	x \$360	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$.00			\$.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. Small entity status of this application has been established.
2. No additional Fee is required.
3. A check in the amount of \$ _____ is attached.
4. Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.
 A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: September 22, 2006

By Tim Flory
 Timothy A. Flory, Registration No. 42 540
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